

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091216

FILED
Apr 29, 2005
Secretary of State

Entity Name: ESSENTAL BLOOD WORKS OF AMERICA, INC.

Current Principal Place of Business:

510 DOUGLAS RD.
STE.1019
ALTAMONTE SPRINGS, FL 32779

New Principal Place of Business:

510 DOUGLAS RD.
STE.1007
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 952122
LAKE MARY, FL 327952122

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KEVIN LOCKHART
510 DOUGLAS AVE
1007
ALTAMONTE SPRINGS, FL 33714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN LOCKHART

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LOCKHART, KEVIN M
Address: 404 FOX VALLEY DR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: LOCKHART, KEVIN M
Address: 510 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN LOCKHART

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date